## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 020.0339.US.CON

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

## TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, <u>Gust H. Bardy</u>, entitled <u>System And Method For Diagnosing And Monitoring Congestive Heart Failure For Automated Remote Patient Care</u>, for a(n):

Syste	m And Method For	Diagnosing And Monito	ring Congestive He	eart Failure F	or Automated Remote	Patient Care, for a(n):			
( )	Original Patent Ap								
(X)	(X) Continu of prior of U.S.	cation (prior application no ation ( ) Divisiona application No: <u>10/042,4</u> Patent No. 6,336,903, issu ment claiming priority undo	al () Co 02 filed on: <u>1/7/20</u> led on 1/8/2002.		ation	22895 PATENT TRADEMARK OFFICE			
<u> </u>									
Elicie	(X) ( ) A Co ( )  (X) Formal ( ) Associat ( ) Prelimit (X) A Dupli (X) Fee Trat ( ) Applicat	Declaration: ewly Executed Combined	Declaration and Pc ( ) Unsigned. ion for Continuation ce. The entire disc plied, is considered incorporated herein g Inventor(s) Name er. (X) (X) (X) r Processing Fee Ag as.	ower of Attorn (n/Divisional allosure of the las being parent by referenced in the Prio Return Rece A Check of Information	) Partially Signed. (37 CFR § 1.63(d)). prior application, from t of the disclosure of the. or Application. (37 CFI ipt Postcard. § 2,352.00 for the Filir Disclosure Statement a	which a copy of the e accompanying R § 163(d)(2)).			
<u> </u>		<del></del>	CLAIMS AS						
<u> </u>	FOR NO. FILED NO. EX			<del>}</del>	RATE	FEE			
		al Claims 81 61			\$18.00	\$1,098.00 \$504.00			
	dependent Claims	9	6	\$84.00					
	ssignment Recordin	Claims (if applicable)							
	sic Filing Fee	g ree			\$0.00 \$750.00				
P.	isic rining ree				\$2,352.00				
ap	plication, please ch	to Deposit Account arge any fees required or o	credit any overpayn	nent to this D	§ 1.25. At any time du peposit Account.	ring the pendency of this			
By:  Patrick /S. Inouye Esq., Attorney of Record Reg. No. 40297  Date: August 22, 2003  Correspondence Address:				I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:  Mail Stop Patent Application Commissioner for Patents					
				P.O. Box 1450 Alexandria, VA 22313-1450					
				By Laxues Prott					
	Law Offices of 810 Third Aven Seattle, WA 98		{	Typed Name: Larissa V. Pigott					
	Phone: (206) 3	381-3900	E	Express Mail Label No.: EV317784433US					
	Fax: (206)-3	381-3999	·	ate of Dence	it August-22-2002				
			رر إ	Date of Deposit: August 22, 2003					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

				Complete if Known						
l FFF		Application Number Unassigned								
FEE TRANSMITTAL				Filing Date			August 22, 2003			
for FY 2003				Named	Inventor	Bardy				
				niner Na	ame	Unassigne	Unassigned			
	/2003. Patent fees are subject to annual revision.	4.07	Art Unit			Unassigne	Unassigned			
Applicant Claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 2.352						020 0339 1	020.0339.US.CON			
TOTAL AMOUNT OF	PAYMENT (\$) 2.352		Alloniey Docker No. 020.0339.03.CON							
METHOD OF PA	AYMENT (check all that apply)	FEE CALCULATION (continued)								
X Check Credit card Money Other None			3. ADDITIONAL FEES							
Deposit Account			Fntitv Fee	Fee	Fee Fee	5 5			Fee Paid	
Deposit			( <b>s</b> )	2051	( <b>s</b> ) 65	Fee Description Surcharge – late filing	fee or oath			
Number		1051	,00	2031	~	Curonal go lato lining	100 01 00			
Deposit Account Name	s of Patrick J.S. Inouye	1052	50	2052	25	Surcharge – late provi cover sheet	sional filing fee	or		
	s authorized to: (check all that apply)	1053	130	1053	130	Non-English specificat	nglish specification			
Charge fee(s) indicat		1812	2.520	1812	2.520		ng a request for ex parte reexamination			
X Charge any addition	al fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication Examiner action	n of SIH prior to			
Charge fee(s) indicate to the above-identified depo	ted below, except for the filling fee sist account.	1805	1,840*	1805	1,840*	Requesting publication Examiner action	sting publication of SIR after ner action			
FE	E CALCULATION	1251	110	2251	55	Extension for reply wit	sion for reply within first month			
1. BASIC FILING	FEE	1252	410	2252	205	Extension for reply wit	n for reply within second month			
	Entity	1253	930	2253	465	Extension for reply wit	thin third month			
Fee Fee Fee Code (\$) Code	Fee Fee Description Fee Paid	1254	1,450	2254	725	Extension for reply wit	thin fourth month	n		
1001 750 2001	375 Utility filing fee 750	1255	1,970	2255	985	Extension for reply wit	thin fifth month			
1002 330 2002	165 Design filing fee	1401	320	2401	160	Notice of Appeal				
1003 520 2003	260 Plant filing fee	1402	320	2402	160	Filing a brief in suppor	* -			
1004 750 2004	375 Reissue filing fee	1403	280	2403	140	Request for oral hearing	•	- 41	1	
1005 160 2005	80 Provisional filing fee	1451 1452	1,510 110	1451 2452	1,510 55	Petition to institute a p Petition to revive – uni	•	eaing		
ļ	SUBTOTAL (1) (\$) 750	1453	1,300	2453	650		to revive – unintentional			
2. EXTRA CLAIM	FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fee (or rei	sue fee (or reissue)			
	Fee from Extra Claims below Fee Paid	1502	470	2502	235	Design issue fee	issue fee			
Total Claims 81 -2	0"= 61 x 18 = 1098	1503	630	2503	315	Plant issue fee	<u> </u>			
Independent 9 -:	3**= 6 X 84 = 504	1460	130	1460	130	Petitions to the Comm	ns to the Commissioner			
Multiple Dependent =			50	1807	50	Processing fee under	ing fee under 37 CFR 1.17(q)			
Large Entity   Small	Entity	1806	180	1806	180	Submission of Informa	ation Disclosure	Stmt		
Fee Fee Fee Code (\$) Code	Fee Fee Description (\$)	8021	40	8021	40	Recording each paten		r		
1202 18 2202	9 Claims in excess of 20	1809	750	2809	375	property (times number Filing a submission af (37 CFR § 1.129(a))		า		
1201 84 2201	42 Independent claims in excess of 3	1810	750	2810	375	For each additional in				
1203 280 2203	140 Multiple dependent claim, if not paid	1801	750	2801	375	examined (37 CFR § 1 Request for Continued		E)		
1204 84 2204	42 **Reissue independent claims	1802	900	1802	900	Request for expedited of a design application	examination			
1205 18 2205	over original patent  9 **Reissue claims in excess of 20 and over original patent			I		or a design application	1			
· ·	Other f	iee (sne	cifv)							
** or number previou	1	her fee (specify)  educed by Basic Filing Fee Paid  SUBTOTAL (3)			AL (3)	(\$)				
SUBMITTED BY Complete (if applicable)  Registration No.										
Name (Print/Type) Patrick J.S. Inouye			jistration i omey/Ag		40297	7	Telephone	(206) 3	81-3900	
Signature							Date	August	22, 2003	

WARNING: Information on this form may bec me public. Credit card information should not be included on this form. Provide credit card information and authorization in PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37-U.S.C.-122 and 37-CFR.1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Alexandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, PO Box, Alexandria, VA 2213-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE						
Applicant(s): Bardy						
Application No.: Unassignated: August 22, 2003	gned	Group Art Unit: Unassigned				
Title: System And Metho And Monitoring C Failure For Auton Care		Examiner: Unassigned				
Attorney Docket No.: 02	0.0339.US.CON					
Assistant Commissioner for Alexandria, VA 22313-14:						
Alexadulia, VA 22313-14.	) <del>0</del>					
	DRAWING TRANS	SMITTAL LETTER				
Sir:	·					
Enclosed herewith please t	ñnd:					
( ) sheets drawing be subn	g(s). Upon approval of	(s) which indicate proposed changes to the f these proposed changes, formal drawing(s) will				
		rawing(s), as required by the Notice of Patent 8) which accompanied the Office Action dated				
Drawin	of corrected formal deg(s) Objection (PTO-9	rawing(s), as required by the Notice of Patent 948) and approved in the Notice of Allowability				
(X) 23 sheets of Patent A	bmitted with the enclosed continuation Utility					
Examiner's approval of the	e entry of these drawin	gs is respectfully requested.				
194004 0010 0000 1400 4000 400 100		Respectfully Submitted,				
22895 PATENT TRADEMARK OFFICE		By Patrick J.S. Inouye, Esq.				
		Attorney/Agent for Applicant(s) Reg. No. 40297				
= <b>-</b>		Date: August 22, 2003				

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